

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038645

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 106

FILED SEP 27 1963

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Houston</u>		c. CITY OR TOWN <u>Houston</u>	
Length of stay in 1b <u>2 DAYS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Texas Co. Memorial Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>Houston</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>James Bailey Nielt</u>		4. DATE OF DEATH Month Day Year <u>Sept. 17, 1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-18-1909</u>
9. AGE (last birthday) <u>54</u>		10. BIRTHPLACE (City and state or country) <u>Houston, Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>William L. Nielt</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Duke</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>U. S. War II</u>		16. SOCIAL SECURITY NO. <u>Duke Nielt, Houston, Mo.</u>	
17. INFORMANT <u>Duke Nielt, Houston, Mo.</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Infarction of Myocardium</u>		INTERVAL BETWEEN ONSET AND DEATH <u>72 hr.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. - Month, Day, Year <u>9-14-63</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
20g. STATE		20h. DATE OF DEATH <u>9-17-63</u>	
21. I attended the deceased from <u>9-14-63</u> to <u>9-17-63</u> and last saw him alive on <u>9-16-63</u>		21b. Death occurred at <u>5:45 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Dr. J. E. A. Wallace M.D.</u>		22b. ADDRESS <u>107 East Pine Houston Mo</u>	
22c. DATE SIGNED <u>9-19-63</u>		23. BURNING, CREMATION, REMOVAL (Specify) <u>Buried Sept. 19/63 Pine Lawn</u>	
23b. DATE <u>Sept. 19/63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Houston, Mo.</u>	
23d. LOCATION (City, town, or county) <u>Houston, Mo.</u>		23e. DATE RECD. BY LOCAL REG. <u>9-21-63</u>	
23f. REGISTRAR'S SIGNATURE <u>Myrtle Craig</u>		23g. GENERAL DIRECTOR <u>H. F. Evans Houston, Mo.</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Levell C. Craig

Licensed Embalmer No.

4766

P. O. Address

Maple Grove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.